



06-02-05

1638
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

3

Application Number

09/828,313

Filing Date

April 6, 2001

First Named Inventor

Oswaldo da Costa e Silva

Art Unit

1638

Examiner Name

C. Collins

Attorney Docket Number

15093

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☒Power of Attorney, Revocation
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

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Landscape Table on CD

☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☒Other Enclosure(s) (please identify
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postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Signature

Printed name

Mark A. Westhafer

Date

June 1, 2005

Reg. No.

42,220

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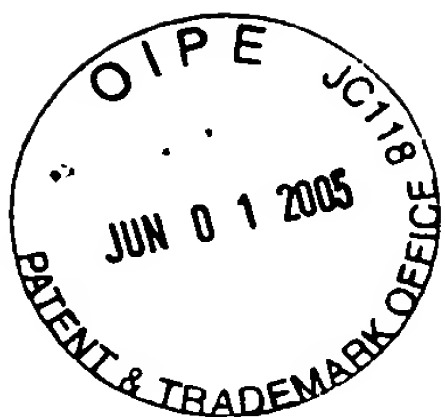
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PTO/SB/82 (09-04)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/828,313
	Filing Date	April 6, 2001
	First Named Inventor	Oswaldo da Costa e Silva
	Art Unit	1638
	Examiner Name	C. Collins
	Attorney Docket Number	15093

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

029137

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

029137

OR

☐ Firm or
Individual Name

Address

City

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

ppa Bieberbach

i.V. Pressler

Date

May 24th, 2005

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/828,313
Applicant: da Costa e Silva et al.
Filed: April 6, 2001
Docket No.: 15093
Customer No.: 029137

CERTIFICATION PURSUANT TO 37 CFR § 1.10

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

I certify that the attached Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, Transmittal, and return postcard are being deposited with the U.S. Postal Service, Express Mail Label No. EL807451430US, in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on June 1, 2005.


Heidi V. Sullivan